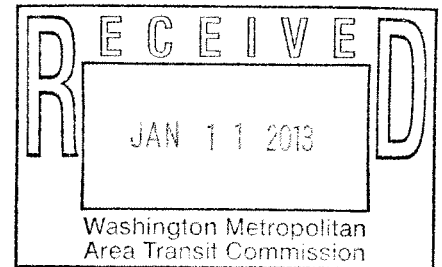


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

411	Newton Bus Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6838 Belroi Road		Gloucester	VA	23061-3827
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(804) 693-2521		(804) 693-7542	sales@charteredbus.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

121053			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Kara Jones	Accountant
*Name	*Title
(804) 693-2521	(804) 693-7542 sales@charteredbus.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

United Motorcoach Association	(800) 424-8262
Name of Registered Agent for Service of Process	Telephone E-mail
113 South West St., 4th Floor	Alexandria VA 22314-2824
Agent Address (must be inside Metropolitan District)	Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**


I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Warren Newton

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

1-7-13

*Date

BUS NO.	SERIAL NO.	YEAR/ MAKE	VA LICENSE PLATE	PLATE EXPIRATION	SEATING CAPACITY
✓ 125	2PCL33493T1025787	1996 PREVOST	E36644	8/31/2013	55
✓ 162	2P9L33404N1001475	1992 PREVOST	NO TAGS	N/A	47
✓ 163	2P9L3340XN1001478	1992 PREVOST	NO TAGS	N/A	47
✓ 170	2P9L33408L1001640	1990 PREVOST	NO TAGS	N/A	47
✓ 171	2P9L33409R1001820	1994 PREVOST	E35459	7/31/2013	47
✓ 172	2P9L33406R1001824	1994 PREVOST	H510874	2/28/2014	47
✓ 176	2P9L33493S1001574	1995 PREVOST	E36616	3/31/2013	55
✓ 177	2P9L33499S1001577	1995 PREVOST	NO TAGS	N/A	55
✓ 178	2PCL33490T1025858	1996 PREVOST	E36643	8/31/2013	55
✓ 179	2PCL33495T1025872	1996 PREVOST	E36631	3/31/2013	55
✓ 180	2PCL3349XV1026115	1997 PREVOST	E36629	4/30/2013	55
✓ 181	2PCL3349XV1026117	1997 PREVOST	E36641	8/31/2013	54
✓ 182	2PCL33491V1026150	1997 PREVOST	E36645	9/30/2013	55
✓ 183	2PCL33491W1026473	1998 PREVOST	E36642	8/31/2013	55
✓ 184	2PCL33499W1026477	1998 PREVOST	E36634	2/28/2014	55
✓ 195	2PCX33493Y1027287	2000 PREVOST	E35444	6/30/2013	55
✓ 196	2PCX33493Y1027301	2000 PREVOST	E35595	7/31/2013	55
✓ 199	2PCX3349511027605	2001 PREVOST	E35621	4/30/2013	55
✓ 200	2PCX3349011027611	2001 PREVOST	E35625	4/30/2013	55
✓ 206	1M86DMHA39P058810	2009 MCI	E36612	12/31/2013	55
✓ 207	1M86DMHA6AP059244	2010 MCI	E36614	9/30/2013	55

* None of these coaches have a wheelchair lift or ramp*